

# SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to 12-2-02  
 \* 02-367  
 Radio Multrie, Inc  
 1151 Hendricks Street  
 Covington, GA 30209

# COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)	B Date of Delivery
C Signature	
<b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
3 Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2 Article Number (Copy from service label)  
0023 0771 2894

PS Form 3811, July 1999

Domestic Return Receipt

\*102595-00-M-0952

DOCKET NO. 02-367

**CERTIFIED  
MAIL**

**RETURN RECEIPT REQUESTED**

NAME: Radio Multrie, Inc  
 1151 Hendricks Street  
 Covington, GA 30209

C. R. R. NO.

BY

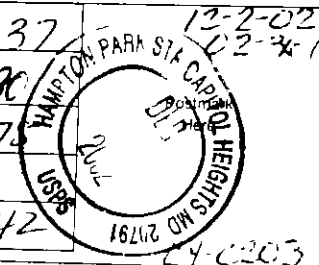
ORDER DATED <u>12-2-02</u>
FCC <u>02M-108</u>
MIMEOGRAPH NO.

# U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>.37</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.42</u>



Name (Please Print Clearly) (to be completed by mailer)

RADIO MULTRIE, INC  
1151 HENDRICKS STREET  
COVINGTON, GA 30209

PS Form 3810, July 1999

7000 0600 0023 0771 2894